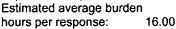
FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0076 April 30, 2008 Expires:



OMB APPROVAL



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	efix Serial					
	DATE R	ECEIVED				

	nent and name has changed, and indicate change.) II, LLC: Units of Limited Liability Company I	nterests						
	Rule 504 🔲 Rule 505 🗹 Rule 506	Section 4(6) ULOEED						
Type of Filing: ☐ New Filing ☑Amendme	nt							
A. BASIC IDENTIFICATION DATA A. BASIC IDENTIFICATION DATA 2007								
1. Enter the information requested about the iss	1. Enter the information requested about the issuer							
	ent and name has changed, and indicate change.)	15/ 500 ECIDA						
Goldman Sachs Global Tactical Trading I	II, LLC							
Address of Executive Offices (N	umber and Street, City, State, Zip Code)	Telephone Number (including Area Code)						
c/o Goldman Sachs Hedge Fund Strategies Jersey 08540	s LLC, 701 Mount Lucas Road, Princeton, New	(609) 497-5500						
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) PROCESSED						
Brief Description of Business		HU to						
To operate as a private investment fund.		THOMSON						
Type of Business Organization		FINANCIAL						
☐ corporation	☑ other (please specify							
☐ business trust	☐ limited partnership, to be formed	Limited Liability Company						
Actual or Estimated Date of Incorporation or Or		☑ Actual ☐ Estimated						
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviates State: CN for Canada; FN for other foreign jur							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer \mathbf{M} General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code) 701 Mount Lucas Road, Princeton, New Jersey 08540 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner □ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Goldman Sachs Hedge Fund Partners III, LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner □ Executive Officer □ General and/or Managing Partner Full Name (Last name first, if individual) Nickel 1994 'b' Trust Business or Residence Address (Number and Street, City, State, Zip Code) 1201 N. Market Street, 18th Floor, Wilmington, Delaware 19801 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director* General and/or *of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Barbetta, Jennifer Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, 32 Old Slip, New York, New York 10005 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director* General and/or *of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Clark, Kent A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* General and/or *of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Lawson, Hugh J. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
							•				Yes	No
1. Has th	e issuer sole	d, or does th								************		
			1	Answer also	in Append	ix, Column	2, if filing	under ULOI	Ε.			
2. What i	is the minim	num investn	nent that wil	ll be accept	ed from any	individual ^e	?				\$	0,000*
	ng Member the offering										Yes ☑	No □
4. Enter	the informa	tion reques	sted for eac	h person w	ho has bee	n or will b	e paid or g	iven, direct	tly or indire	etly, any		
comm	ission or sir	rmation requested for each person who has been or will be paid or given, directly or indirectly, any r similar remuneration for solicitation of purchasers in connection with sales of securities in the offering, be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state										
	erson to be I es, list the r											
	er or dealer							a ui o u ssoo.	ated person	.s of 5 46 11		
Full Name	e (Last name	e first, if ind	lividual)									
Goldman,	, Sachs & C	Co.										
Business o	or Residence	e Address (l	Number and	Street, Cit	y, State, Zip	Code)						
	Street, Nev			04								
Name of A	Associated E	Broker or De	ealer									
	Which Perso All States" (Mali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name	· · · · · · · · · · · · · · · · · · ·					L	r3	<u> </u>	<u> </u>		<u> </u>
Business o	r Residence	Address (1	Number and	Street City	v State Zin	Code)						
		(,		J. 100., O.,	,, 2 , 2p	. 0040,						
Name of A	Associated B	roker or Do	aler									
	Vhich Perso											
	All States" o		lividual Stat	es)	••••••						🗆 Al	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruii ivame	(Last name	: IIrst, II Ina	ividual)									
Business	r Residence	· Address (1	Vumber and	Street City	v State Zin	(Code)						
540650	, residence	711001000 (1	various and	outer, on	y, Diate, Elp	(000)						
Name of A	Associated B	roker or De	aler							· · ·		
	Vhich Perso											
	All States" o			•								All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	\$_	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$.	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify) Units of Limited Liability Company Interests	\$_	181,265,459	\$	181,265,459
	Total	\$_	181,265,459	\$	181,265,459
	Answer also in Appendix, Column 3, if filing under ULOE.			•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		81	\$	181,265,459
	Non-accredited Investors		0_	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				- "
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			•	
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	\$	96,832
	Accounting Fees			\$_	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)		٥	\$	0
	Total		Ø	\$_	96,832

	···						
C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	
 b. Enter the difference between the aggregation 1 and total expenses furnished difference is the "adjusted gross proceeds to the total expenses." 	in response to Part C - Question 4.a	. Th	is		\$_		181,168,627
Indicate below the amount of the adjusted to be used for each of the purposes shown, furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	If the amount for any purpose is not lot the left of the estimate. The total	knowi of th	n, ie				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0		\$_	0
Purchase of real estate			\$_	0		\$_	0
Purchase, rental or leasing and installation	of machinery and equipment		\$_	0		\$_	0
Construction or leasing of plant buildings a	nd facilities		s _	0		\$_	0
Acquisition of other businesses (including this offering that may be used in exchar another issuer pursuant to a merger)	ige for the assets or securities of	Ö	\$	0		\$	0
Repayment of indebtedness		_	\$	0	- 🗀	\$ - \$	0
Working capital			\$ \$	0	- 0	\$ - \$	
working capital			Þ	U	u	Ð	U
Other (specify): Investment Capital			\$_	0	_ 🗹	\$ _	181,168,627
Column Totals			\$_	0	Ø	\$_	181,168,627_
Total Payments Listed (column totals added	J)			₩ \$	181,1	68,62	7
	D. FEDERAL SIGNATUI	RE					
The issuer has duly caused this notice to be following signature constitutes an undertaking of its staff, the information furnished by the issuer	signed by the undersigned duly authors by the issuer to furnish to the U.S. Se	rized ecuriti	es an	d Exchange Comr	nission,	upon	
ssuer (Print or Type)	Signature		_	Date			
Goldman Sachs Global Tactical Trading III, .LC	Lastron	<u></u>		July 12, 2007			
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Kathryn Pruess	Vice President of the Issuer's Mana	ging l	Meml	oer			

ATTENTION

Kathryn Pruess

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).